

L15000106,829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

2/4

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10/21/16--01004--004 **35.00

2017 FEB -6 AM 9:20

M. MILLIGAN
FEB 08 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2016

RONALD VASGQUEZ
2381 NE 14 ST CSWY SUITE 205
POMPANO BEACH, FL 33062

SUBJECT: XPOSURE LED, LLC
Ref. Number: L15000104829

RECEIVED
2016 NOV 14 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for XPOSURE LED, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 716A00022789



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2016

RONALD VASGQUEZ
2381 NE 14 ST CSWY SUITE 205
POMPANO BEACH, FL 33062

SUBJECT: XPOSURE LED, LLC
Ref. Number: L15000104829

We have received your document for XPOSURE LED, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 716A00022789

Cover letter

Name: Ronald Vasquez

Address: 2381 NE 14th St CSwy, Apt 205
Pompano Beach, FL 33062

Phone #: 954-696-2523

*Fee is already paid,

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Xposure Led LLC,

Name of Limited Liability Company

RECEIVED
2017 FEB -6 PM 1:46
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald VASQUEZ

Name of Person

Xposure Led LLC,

Firm/Company

1620 S Ocean Blvd suite 121

Address

Pompano Beach FL 33062

City/State and Zip Code

Xposureled@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald VASQUEZ

Name of Person

at (954) 696-2593

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount: (already paid amount of 35 by mistake)

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Xposure Led LLC,

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2017 FEB -6 AM 9:20
FILED IN THE OFFICE OF THE CLERK OF THE CIRCUIT COURT IN AND FOR THE COUNTY OF DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06-16-2015 and assigned Florida document number L15000104829.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2381 NE 14th St CSWY Apt 205
Pompano Beach FL 33062

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Ronald Vasquez

New Registered Office Address:

2381 NE 14th St CSWY Apt 205

Enter Florida street address

Pompano Beach

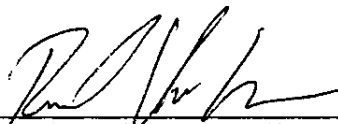
City

Florida 33062

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>PAULA Salgar</u>	<u>21620 S Ocean Blvd Suite 12J</u>	<input type="checkbox"/> Add
		<u>Pompano Beach Fl 33062</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Andersen Zapata</u>	<u>2765 S. Oakland Forest Drive</u>	<input checked="" type="checkbox"/> Add
		<u>Apt 203 Oakland Park 33309</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Ronald VASQUEZ</u>	<u>2381 NE. 14th Cswy Pompano</u>	<input checked="" type="checkbox"/> Add
		<u>Beach Fl 33062 Apt 205</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please Change ADDRESS 2381 NE 14th St Cswy Apt 205
Pompano Beach Fl 33062


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 2-1-17



Signature of a member or authorized representative of a member

Ronald Vasquez

Typed or printed name of signee

2017 FEB -6 AM 9:20